ST. JOSEPH RESIDENCE 107 EAST BECKERT ROAD

NEW LONDON	54961	Phone: (920) 982-5354		Ownership:	Nonprofit Church
Operated from 1	L/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conju	unction with F	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds S	Set Up and Sta	affed (12/31/02):	107	Title 18 (Medicare) Certified?	Yes

Total Licensed Bed Capacity (12/31/02): 107 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: 106 Average Daily Census: 104

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %					
Home Health Care Supp. Home Care-Personal Care	Yes	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	35.8 41.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	4.7	More Than 4 Years	22.6
Day Services	No	Mental Illness (Org./Psy)	18.9	65 - 74	6.6		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	25.5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	54.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	Para-, Quadra-, Hemiplegic	0.9	95 & Over	8.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	5.7			Nursing Staff per 100 Re	esidents
Home Delivered Meals	Yes	Fractures	2.8			(12/31/02)	
Other Meals	No	Cardiovascular	22.6	65 & Over	95.3		
Transportation	No	Cerebrovascular	11.3			RNs	10.3
Referral Service	No	Diabetes	17.0	Sex	용	LPNs	7.2
Other Services	No	Respiratory	1.9			Nursing Assistants,	
Provide Day Programming for	1	Other Medical Conditions	17.0	Male	23.6	Aides, & Orderlies	41.6
Mentally Ill	No			Female	76.4		
Provide Day Programming for	1		100.0				
Developmentally Disabled	No				100.0		

Method of Reimbursement

	Medicare (Title 18)			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	o _l o	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	320	77	97.5	109	0	0.0	0	19	100.0	159	0	0.0	0	0	0.0	0	104	98.1
Intermediate				2	2.5	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		79	100.0		0	0.0		19	100.0		0	0.0		0	0.0		106	100.0

ST. JOSEPH RESIDENCE

*******	*****	*****	*****	*****	*****	*****	******
Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services,	, and Activities as of 12,	31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.5	Bathing	9.4		64.2	26.4	106
Other Nursing Homes	8.5	Dressing	22.6		59.4	17.9	106
Acute Care Hospitals	74.5	Transferring	34.9		50.0	15.1	106
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.6		57.5	18.9	106
Rehabilitation Hospitals	0.0	Eating	68.9		21.7	9.4	106
Other Locations	1.9	* * * * * * * * * * * * * * * * * * * *	*****	****	*****	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	106	Continence		용	Special Treat	tments	%
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	9.4	Receiving F	Respiratory Care	4.7
Private Home/No Home Health	32.4	Occ/Freq. Incontinen	t of Bladder	56.6	Receiving 7	Iracheostomy Care	0.0
Private Home/With Home Health	14.3	Occ/Freq. Incontinen	t of Bowel	34.0	Receiving S	Suctioning	0.0
Other Nursing Homes	0.0				Receiving (Ostomy Care	3.8
Acute Care Hospitals	6.7	Mobility			Receiving 7	Tube Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	6.6	Receiving N	Mechanically Altered Diets	42.5
Rehabilitation Hospitals	0.0						
Other Locations	9.5	Skin Care			Other Resider	nt Characteristics	
Deaths	37.1	With Pressure Sores		5.7	Have Advanc	ce Directives	83.0
Total Number of Discharges	1	With Rashes		5.7	Medications		
(Including Deaths)	105				Receiving E	Psychoactive Drugs	53.8

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

		Own	ership:	Bed	Size:		ensure:				
	This	Non	profit	100	-199	Ski	lled	Al.	=		
	Facility	Peer	Peer Group % Ratio		Group	Peer	Group	Faci	lities		
	%	olo			% Ratio		% Ratio		Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	92.2	1.05	85.5	1.14	86.7	1.12	85.1	1.14		
Current Residents from In-County	63.2	76.0	0.83	78.5	0.81	69.3	0.91	76.6	0.82		
Admissions from In-County, Still Residing	22.6	25.2	0.90	24.7	0.92	22.5	1.01	20.3	1.11		
Admissions/Average Daily Census	101.9	95.0	1.07	114.6	0.89	102.9	0.99	133.4	0.76		
Discharges/Average Daily Census	101.0	97.5	1.04	114.9	0.88	105.2	0.96	135.3	0.75		
Discharges To Private Residence/Average Daily Census	47.1	38.4	1.23	47.9	0.98	40.9	1.15	56.6	0.83		
Residents Receiving Skilled Care	98.1	94.3	1.04	94.9	1.03	91.6	1.07	86.3	1.14		
Residents Aged 65 and Older	95.3	97.3	0.98	94.1	1.01	93.6	1.02	87.7	1.09		
Title 19 (Medicaid) Funded Residents	74.5	63.8	1.17	66.1	1.13	69.0	1.08	67.5	1.10		
Private Pay Funded Residents	17.9	28.5	0.63	21.5	0.83	21.2	0.84	21.0	0.85		
Developmentally Disabled Residents	0.9	0.3	3.73	0.6	1.49	0.6	1.66	7.1	0.13		
Mentally Ill Residents	18.9	37.9	0.50	36.8	0.51	37.8	0.50	33.3	0.57		
General Medical Service Residents	17.0	23.0	0.74	22.8	0.74	22.3	0.76	20.5	0.83		
Impaired ADL (Mean)	43.2	49.9	0.87	49.1	0.88	47.5	0.91	49.3	0.88		
Psychological Problems	53.8	52.6	1.02	53.4	1.01	56.9	0.95	54.0	1.00		
Nursing Care Required (Mean)	8.0	6.3	1.27	6.8	1.17	6.8	1.18	7.2	1.11		